

Edna S Bailey

Died at <sup>Town</sup> Athel <sup>County</sup> Wicomico MARYLAND

Date 19 03      9      7      Age 1. 11. 5      Md      Occupation

~~Male~~      White      ~~Married~~      ~~Widow~~      ~~Divorced~~

Female      ~~Colored~~      Single      ~~Widower~~      Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Chas L Bailey      Kate Bailey      105

Cause of Death { Primary Cholera & Pharyngitis      How long sick 2 days

Immediate      ~~Throat~~      Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas W. Bailey

Town

County

Died near Salisbury Wicomico

MARYLAND

Date 1903 Sept 8 Age 64 Native of Md Occupation Farmer

Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living none

Husband of Mary E. Forlley  
 Wife  
 Father's Name Thos Bailey Mother's Maiden Name 67 Gurdy

Cause of Primary General Paralysis How long sick 6 or 8 weeks  
 Death Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by F. B. Clemons M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Alice V. Bennett

Town

County

MARYLAND

Died at *Mardela* *Wicomico*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

9

7

Age

4

11

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



*Agnes Carey*  
 Town County

Died at *Fruitland Wisconsin* MARYLAND

Date 1903 *Sept 30* Month Day Y. M. D. Age *13.6.* Native of *Ind* Occupation *Child*  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widow~~ Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Primary

Death Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*F. M. Gleason M.D.*  
*Delaware*  
*Ind.*





Name in Full

Certificate of Death

Rosie Carey

Town

County

Died at

Delmar

Newnes

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

9

18

Age

4

Maryland

Child

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~ NoneHusband  
of

Wife

Father's

Name

W. W. Carey

Mother's

Name

Mollie Carey

Cause of

Primary

Meningitis

How long sick

Two weeks

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Robert Ellgaard M. D.

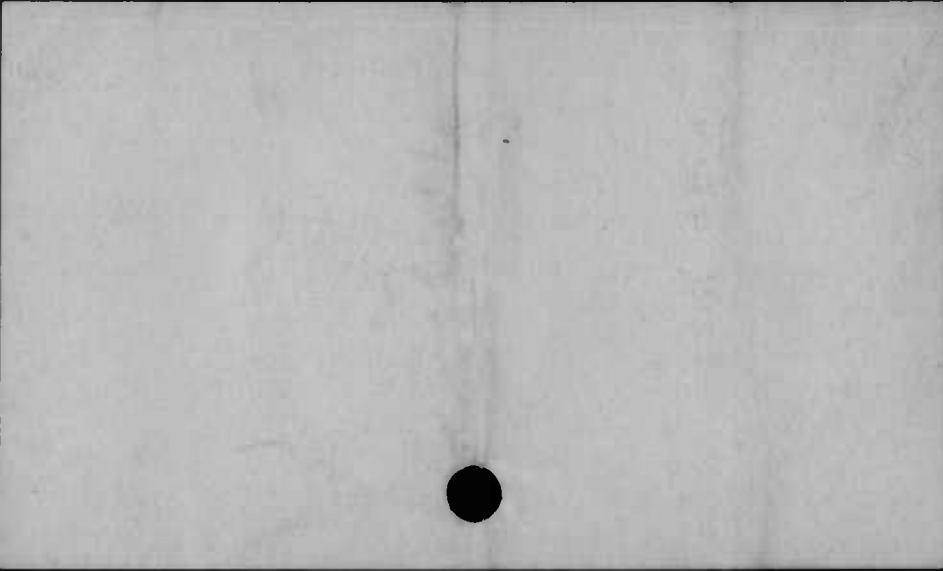
Address

Delmar

Delaware

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FPC 28



Name in Full

Certificate of Death

John Hobbs

Town

County

Died at *His house**Neonico*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1893	Sept	3	80			Pillsville	Laborer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of *Don't know*Wife of *Don't know*Father's Name *Don't know*Mother's Name *Don't know*

Cause of	Primary	How long sick
Death	Immediate	Accident, Suicide, Homicide

Reported by *Wm H H. Dashiell M.D.*Address *Quantico Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

of \_\_\_\_\_

*Annie Jeffries*  
 Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury* Month *Sept* Day *9* Y. *7* M. *7* D. *7* Native of *Md* Occupation \_\_\_\_\_

Date 19 *03* *Sept 9* Age *7* *Md*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

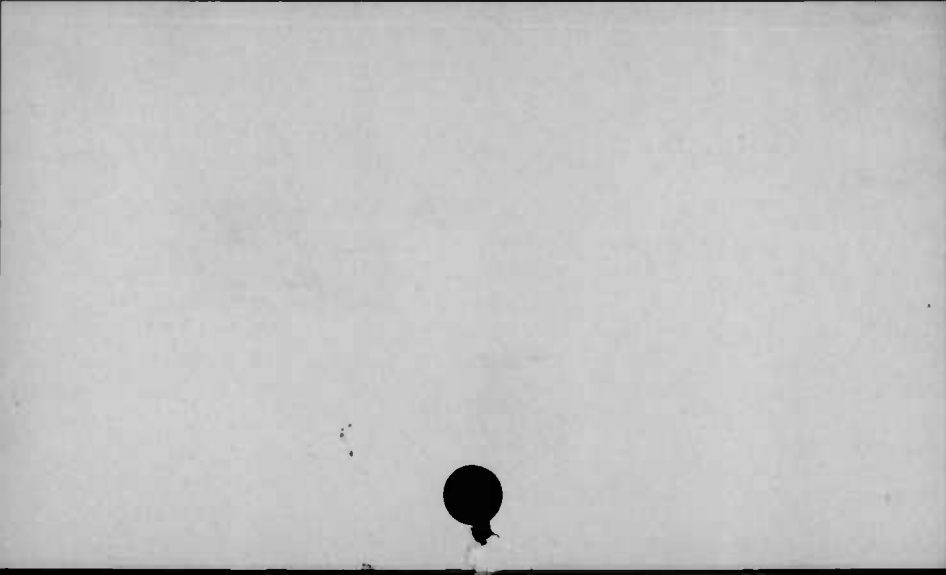
Father's Name *Jesse Jeffries* Mother's Name *Sallie J. Pinckett*  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary *Lost known* How long sick *7 mos*  
 Immediate \_\_\_\_\_ Accident, Suicide, Homicide \_\_\_\_\_

Reported by *B. E. Halloney & Co undertakers*

Address *Salisbury Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

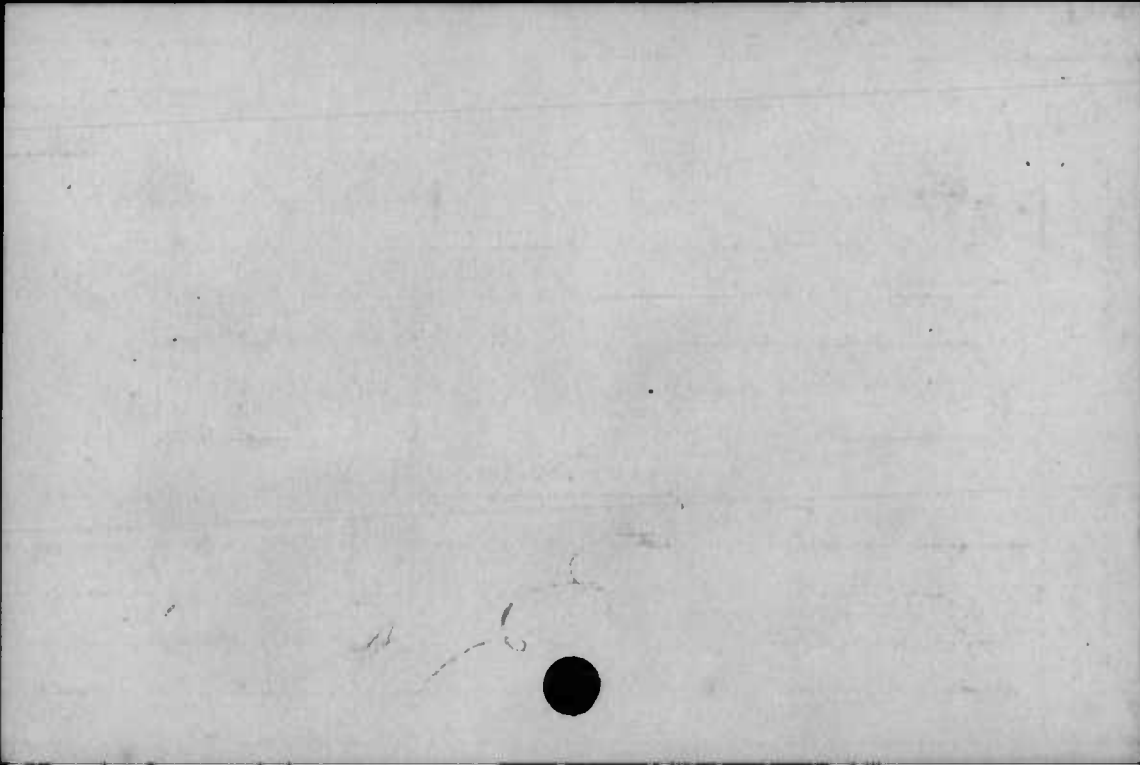
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Maggie Johnson</i>		Town <i>Mardela</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>home</i>		Month <i>Sept</i>		Day <i>23</i>		Years <i>23</i>	
Date of death <i>1903</i>		Months <i>4</i>		Days <i></i>			
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Ind</i>			
Occupation <i>House pipe</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ely Johnson</i>					
Father's Name <i>Elias Polk</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Ellen Hull</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Elias Polk</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>2 years</i>
Immediate <i>intestinal Hemorrhage</i>	How long <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. L. Leachman</i>
	Address <i>Mardela Ind</i>
Accident or Suicide? <i></i>	





Bessie Livingstone

Town

County

MARYLAND

Died at Fruitland Nic

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

9

11

Age

15

1

20

Med

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Peter Livingstone

Maiden Name

Mother's

Martha Cary

Cause of

Primary

Typhoid Fever

How long sick

30 days

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

J. S. Long, M.D.

Address

Aller

Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sola May Pollitt

Town

County

Died at

Salisbury Wicomico

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 20

Age

17

Med

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Infant

Wife

Father's

Name

R. Carroll Pollitt

Mother's

Maiden Name

Maggie M. Richardson

Cause of

Primary

Premature Birth

How long sick

Since birth

Death

Immediate

Inanition

~~Accident, Suicide, Homicide~~

Reported by

F. M. Mlemmons M. D.

Address

Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Martha Price

Town

County

MARYLAND

Died at Salisbury Wicomico

Date 1903 Apr 30 Age 65 Y. M. D. Native of Md Occupation Housewife

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband  
of  
Wife

Father's Name Amy J. Dashiell Maiden Name Mother's

Cause of Death Primary Tuberculosis Immediate Heart failure How long sick Several Years

~~Accident, Suicide, Homicide~~

Reported by F. M. Clemmons

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Major A. Riggins

Town

County

MARYLAND

Died at

Athol

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

9

1st

Age

64

-

-

Md

Sailor

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Father's Name

Mollie A. Riggins

Mother's

Maiden Name

Harry Riggins

Cause of

Primary

catarrh on Bowels

How long sick

2 years

Death

Immediate

Suffocation

Accident, Suicide, Homicide

109

Reported by

A. L. Seaburn

Address

Marble Springs Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Howard Smith

Town

County

MARYLAND

Died

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Sept 27

Age

5

Md

7

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

child

Father's

Name

V. D. Smith

Mother's

Maiden Name

Rosie Hillman

Cause of

Primary

Tuberculous Meningitis

How long sick

5 or 6 weeks

Death

Immediate

Coma + inanition

~~Accident, Suicide, Homicide~~

Reported by

Louis M. Morris M.D.

Address

Dalebury

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mellie Taylor

## CERTIFICATE OF DEATH

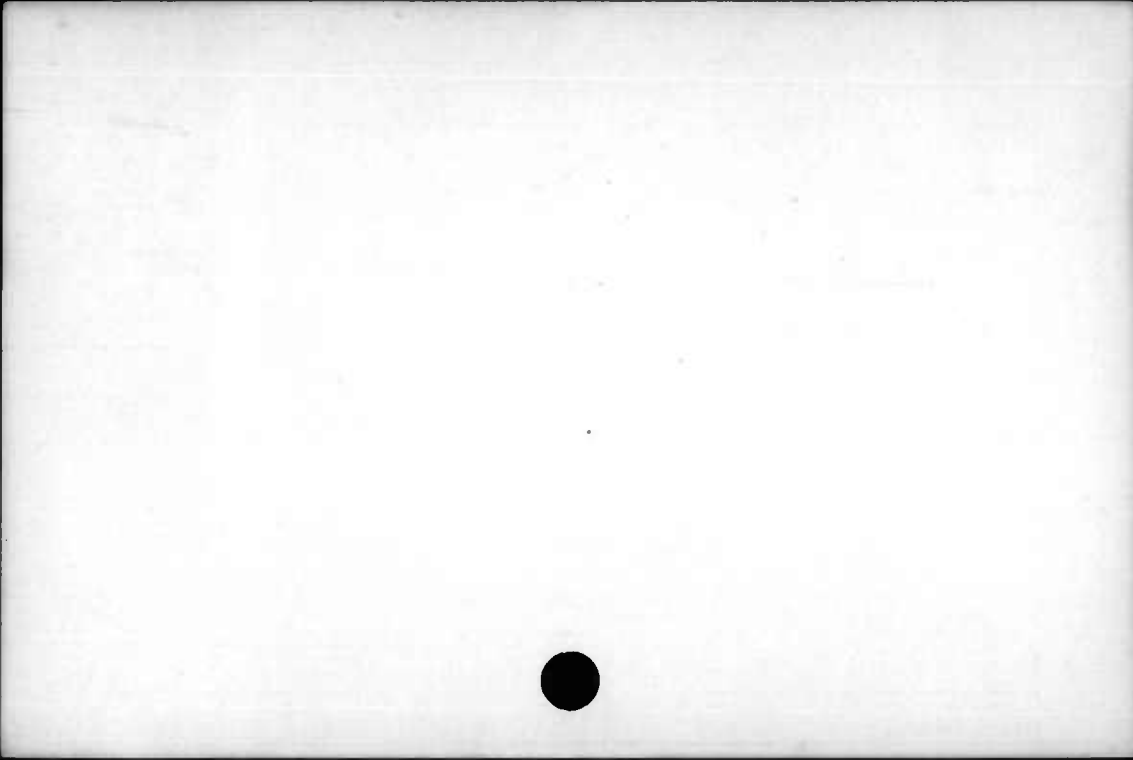
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <u>9</u>	Day <u>17</u>	Age <u>80</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Worcester Co</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>None known</u>					
Father's Name <u>None known</u>			Father's Birthplace <u>None known</u>		
Mother's Maiden Name <u>None known</u>			Mother's Birthplace <u>None known</u>		
Name of person giving information <u>J. McQuirk</u>			How related to deceased <u>None what</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Syphilis</u>	How long <u>Several years</u>
Immediate <u>Apais</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>So far as we can find out.</u>	Signature of Physician <u>J. McQuirk</u>
Accident or Suicide? <u>No</u>	Address <u>Salisbury Md</u>



Name  
in  
Full

Sallie M. West

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death 1903	Month Sept	Day 12	Years 21	Months 6	Days 29		
Sex Female	Color or Race White		Birth- place Worcester Co.				
Married, Single or Widowed Single		Occupation House work					
Name of Wife or Husband							
Father's Name Wm. Adv. West		Father's Birthplace Worcester Co.					
Mother's Maiden Name Precilla A. Truitt		Mother's Birthplace Worcester Co.					
Name of person giving In formation Precilla A. West		How related to deceased Mother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cellulitis of Lact	How long 2 weeks
Immediate	Suffocation from abscesses of lungs	How long 2 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Geo. H. Ford	
	Address Salisbury Md	
Accident or Suicide?		

